

## Pre/Post-License Facility Feedback Survey

1. Facility Information  
Respondent's Role at the Facility: (Include a drop down i.e., administrator, licensee, other)
2. Were you aware of the revised CCLD inspection process prior to the inspection?  
Yes  
No  
  
If yes, how did you hear of it?  
(Check all that apply):  
Provider organization  
CCL regional office/LPA  
CCL Website  
CCL Quarterly Update  
N/A
4. Do you feel that the revised inspection process took a reasonable length of time to complete?  
The inspection process was too short  
The inspection process was adequate  
The inspection process was too long
5. Do you feel that the revised inspection process left you with a greater level of understanding of the community care licensing statutory and regulatory requirement?  
Greater level of understanding  
No change/About the same  
Lower level of understanding
6. Were areas which were either incomplete or in non-compliance noted during this inspection process?  
Yes  
No  
If "Yes", please explain:  
N/A
7. If "Yes", were you provided with relevant explanation/information pertaining to the areas which were incomplete or in non-compliance?  
Yes  
No  
If "No", please explain:  
N/A
9. How well did the LPA communicate the findings of this inspection to you upon its completion?  
Very well  
Somewhat well  
Not very well  
If "Not very well", please explain:  
N/A

10. At the conclusion of this visit, were consultative or supportive services suggested or provided for issues noted during the inspection?

Yes

No

If "No", please explain:

N/A

11. Did you find the revised inspection process helpful?

Yes

No

If "No", please explain:

N/A

12. How would you rate your experience with the revised inspection process?

Excellent

Good

Fair

Poor

13. Please provide any additional feedback that you may have with respect to what you liked about the revised inspection process (i.e., what worked or was particularly helpful):

14. Please provide any comments or suggestions that you may have with regard to areas of the revised inspection process in need of improvement (i.e., what did not work or could be made better):